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APPLICATION NUMBER	FILING DATE	CLASS 5/4	SUBCLASS	GROUP ART UNIT	EXAMINER

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	WANCE MAILED	CLAIMS ALLOWER				
NOTICE OF ALLOWANCE MAILED		4	Total Claims		Print Claim for O.G	
		Assistant Examiner	DRAWING			
ISSUE FEE		1	Sheets Drwg.	Figs.Drw		Fig.
Amount Due	Date Paid			<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
	<u> </u>	Primary Examiner			•	
TERMINAL DISCLAIMER		PREPARED FOR ISSUE	Application			
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